City of St. Marys 418 Second Street St. Marys, West Virginia 26170 304-684-2401

		Annual Return Business and Occupat	ion Privilege (Gro	ss Sales) Tax - T			od Covered
Business Name					All Questions Must Be Answered		
Address					For Year Ended		
					Kind of Business		
					Individual	Corporation	Partnership
Phone #					Association	Trust	
					When Duringer Design		
FEIN#					When Business Began		
Owner Name Address					Did you sell or otherwise dispose of your property or quit business during period covered by Sold Quit-Closed		
Addi	033		If so, when				
					If busines sold, to who	m?	
Phone #					Name		
			Address				
	Computation of Tax						
		Item	Gross Amount	Exemptions	Taxable Amount	Rate per \$100	Taxes Due
Α	1	Coal				1.00	
	2	Limestone or Sandstone: Quarried or Mined				1.00	
	3	Oil				1.00	
	4	Natural Gas In excess of the Value of \$5,000.00				2.20	
	5	Blast Furnace Slag				1.00	
		Sand, Gravel or Other Mineral Products not				00	
	6	quarried or mined				1.00	
	7	Timber				1.00	
	8	Other Natural Resources				2.00	
В	9	Gross Sales Value Manufactured Products				0.05	
С	10	Gross Income Retailers, Restaurants				0.15	
	11	Gross Income Wholesalers				0.10	
D	12	Street and Interurban and Electric Raileways				1.00	
		Water companies, except as to income received				1.00	
	13					1.00	
		Electric light & power co. (Sales & Demand					
	14	charges domestic purpose, commercial lighting & all other)				3.00	
	15	Natural Gas Companies (Gross Income)				3.00	
		T D					
	16					1.00	
	1/	All other public services or utility business				2.00	
Е	18	Gross Income Contracting				1.00	
F	19	Gross Income Amusement Business				0.15	
G	20	Gross Income Service, and All Other Business				0.40	
Н	21	Rents and Royalties				0.25	
1	22	Gross Income Small & Industrial Loan Business				0.25	
1	22	Gross Income Banking & Other Financial				0.25	
J	23	Business			1	0.25	
K					Tota	al Amount of Taxes	
L		Penalties 5% for 30 days delinquency; 1% for ea	ch succeeding 30 days	s		T-(-15 %)	
						Total Remittance	
		lare under the penalty of perjury that this e best of my knowledge and belief is a tro		any accompany	-	atement) has been	examined by me
	Date				Name of Taxpayer		
Authorized Agent				Title			